

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	DY		7-14-99
O.I.P.E. CLASSIFIER		19	7/19/99
FORMALITY REVIEW	AD	711008	7/1008

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
— (Through numeral)... Canceled      A ..... Appeal  
÷ ..... Restricted      0 ..... Objected

Claim	Final Original	Date
1	Original	7/17/99
2	Original	7/17/99
3	Original	7/17/99
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Claim	Final Original	Date
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Claim	Final Original	Date
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If more than 150 claims, add 10 additional staple areas here.

# BEST AVAILABLE COPY

(LEFT INSIDE)